"U.S. Repartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3492	2. Fiscal Year Covered From:		
	T/T/2005 Through: 12/31/2005		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name STEVEN A GOODMAN	Name SHOPmen's LOCAL Union No. 509		
	Labor Organization File Number DIS-540		
P.O. Box, Bldg., Room No., if any PO Box 306	P.O. Box, Building and Room Number, if any PO Box 306		
Street 13830 SAN ANTONIO DR	Street 13830 SAN ANTONIO DA		
City NORWALK	City NORWALK		
State , CA ZIP Code + 4 90051-0306	State CA ZIP Code + 4 90651-0306		
5. Position in labor organization.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	ion represents or is actively seeking to represent.		
ுக்கு மால்கள்கள் அடித்திரின் பிறாளுக்குள் வரை இலங்கிரிரி உள்ள அளிரக வரக்கள்கள் முகார்த்த பக்கார உருக்குக்கு அக்க ஆ	grand and the control of the control		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	- The commence of the commence		
	7.b. Amount.		
Street			
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Street	the the section of th		
to be inflowed an employed population of the confidence of the con	the the statements of the statement of t		
City State ZIP Code + 4	nature		

Date

Telephone Number

Name of Person Filing STEVEN A. GOODMAN		File Number U -	348a		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name SHOPMENS IRON WORKERS TRUST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE ISO Street U399 SANTA ANTA AUC City EL Monte State CA ZIP Code + 4 91102-2590	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Receives contributions from Employees who Have collective Bargaining Contracts with LOCAL SOY 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ADVANCE on Reimbursable expases to affind two intonational foorwlation Benefits Conferences 4,000 Trustee on Trust funds, Lost time from work to attend Trust fund meetings and Conferences 51,257,12				
	12.b. Amount,	Annual Hamiltonian Mariantina - Samitha an	\$5,257.12		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.	an annual quadrature quadrature (age anderson beginning			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.	d variable grant and another grant to the character being			
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